

Abstract Form

Abstract is to be typed in a 10 point font/typeface (Times Roman preferred) and must fit in the space below; additional pages may not be submitted

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Date: _____

Time: _____

TITLE: THE IMPACT OF A STREAMLINED DEATH NOTIFICATION FORM ON IN-HOSPITAL ORGAN/TISSUE REFERRALS

DESCRIPTION OF ACTIVITY:

Objective: The twofold purpose of this project was, first, to increase hospital compliance with Required Request legislation, and second, to increase the number of organ and tissue donors at a community hospital which is not a designated trauma center, by utilizing a simplified form.

Target population: Nursing supervisors, staff nurses and ward clerks.

Methodology: A single Death Notification Form was developed to be used for both cardiac and brain death patients. The Death Notification Form was created using an existing mortuary worksheet combined with a step by step process for initiating and documenting donation request. Hospital wide inservice to all nursing staff and ward clerks was given by Transplant, OPO, and Eye/Tissue Bank staff on Required Request legislation, donor family perspectives and use of the new form. This new policy (form) has the nurse or ward clerk notifying the appropriate procurement agency of the death. The requestor who approaches the family will be a trained procurement coordinator, who will explain organ and/or tissue donation to the family and obtain consent. Data collected for 1992 (pre-form) was compared with 1993 (post-form) results.

DESCRIPTION OF EVALUATION (if completed, provide results):

Results: All areas of donation documented a substantial increase in activity in the post-form period (1993) as compared to the same time period for the previous year (1992). Referrals increased from 35 to 599 - a 1611% increase. The number of organ donors went from 1 to 4 (300% increase) and the number of tissue donors went from 3 to 33 (1000% increase). The hospital's overall compliance with required request went from referring 35 of the 576 deaths in 1992 to 599 of the 632 deaths in 1993, 6% and 95% respectively.

Conclusion: Routine referrals have many benefits including assurance that all patients who die in the hospital are evaluated for donation potential and that all families are offered the option of donation, when appropriate. It reduces (hospital) staff burden of approaching families, reduces time in determining donation potential, and provides immediate access to all procurement services. The form provides the hospital with documentation of compliance with state and federal donation legislation. The success of this project is partly due to (1) consolidation of an already existing form, making notification process simple and (2) the use of a trained procurement coordinator in the initial family approach.

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